

☐ Failed ☐ Closed ☐ IHH

# State of Maine Health Inspection Report

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<b>Establishment Name</b> BUA THAI-SUSHI RESTAURANT		<i>As Authorized by 22 MRSA § 2496</i>		<b>No. of Risk Factor/Intervention Violations</b> 4	<b>Date</b> 5/14/2014
				<b>No. of Repeat Risk factor / Intervention Violations</b> 1	<b>Time In</b> 2:00 PM
				<b>Score (optional)</b>	<b>Time Out</b> 4:00 PM
<b>License Expiry Date/EST. ID#</b> 5/17/2014 / 8413	<b>Address</b> 703 SABATTUS ST	<b>City</b> LEWISTON	<b>Zip Code</b> 04240-3833	<b>Telephone</b> 207-376-4810	
<b>License Type</b> MUN - EATING PLACE	<b>Owner Name</b> MICHAREUNE, SAISUNEE	<b>Purpose of Inspection</b> Regular	<b>License Posted</b> Yes	<b>Risk Category</b>	

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection R=repeat violation

Compliance Status			COS	R	Compliance Status			COS	R
<b>Supervision</b>					<b>Potentially Hazardous Food Time/Temperature</b>				
1	IN	PIC present, demonstrates knowledge, and performs duties			16	IN	Proper cooking time & temperatures		
<b>Employee Health</b>					17	IN	Proper reheating procedures for hot holding		
2	IN	Management awareness; policy present			18	IN	Proper cooling time & temperatures		
3	IN	Proper use of reporting, restriction & exclusion			19	IN	Proper hot holding temperatures		
<b>Good Hygienic Practices</b>					20	IN	Proper cold holding temperatures		
4	IN	Proper eating, tasting, drinking, or tobacco use			21	IN	Proper date marking & disposition		
5	IN	No discharge from eyes, nose, and mouth			22	IN	Time as a public health control: procedures & record		
<b>Preventing Contamination by Hands</b>					<b>Consumer Advisory</b>				
6	IN	Hands clean & properly washed			23	IN	Consumer advisory provided for raw or undercooked foods		
7	IN	No bare hand contact with RTE foods or approved alternate method properly followed			<b>Highly Susceptible Populations</b>				
8	OUT	Adequate handwashing facilities supplied & accessible	X		24	IN	Pasteurized foods used; prohibited foods not offered		
<b>Approved Source</b>					<b>Chemical</b>				
9	IN	Food obtained from approved source			25	IN	Food additives: approved & properly used		
10	IN	Food received at proper temperature			26	OUT	Toxic substances properly identified, stored & used	X	X
11	IN	Food in good condition, safe, & unadulterated			<b>Conformance with Approved Procedures</b>				
12	IN	Required records available: shellstock tags parasite destruction			27	IN	Compliance with variance, specialized process, & HACCP plan		
<b>Protection from Contamination</b>					<b>Risk Factors</b> are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.				
13	OUT	Food separated & protected		X					
14	OUT	Food-contact surfaces: cleaned and sanitized							
15	IN	Proper disposition of returned, previously served, reconditioned, & unsafe food							

## GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance

Mark "X" in appropriate box for COS and/or R

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			COS	R				COS	R
<b>Safe Food and Water</b>					<b>Proper Use of Utensils</b>				
28	IN	Pasteurized eggs used where required			41	X	In-use utensils: properly stored		
29	IN	Water & ice from approved source			42	IN	Utensils, equipment, & linens: properly stored, dried, & handled		
30	IN	Variance obtained for specialized processing methods			43	IN	Single-use & single-service articles: properly stored & used		
<b>Food Temperature Control</b>					44	IN	Gloves used properly		
31	IN	Proper cooling methods used; adequate equipment for temperature control			<b>Utensils, Equipment and Vending</b>				
32	IN	Plant food properly cooked for hot holding			45	X	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
33	IN	Approved thawing methods used			46	IN	Warewashing facilities: installed, maintained, & used; test strips		
34	IN	Thermometers provided and accurate			47	X	Non-food contact surfaces clean		
<b>Food Identification</b>					<b>Physical Facilities</b>				
35	IN	Food properly labeled; original container			48	IN	Hot & cold water available; adequate pressure		
<b>Prevention of Food Contamination</b>					49	IN	Plumbing installed; proper backflow devices		
36	IN	Insects, rodents, & animals not present			50	IN	Sewage & waste water properly disposed		
37	IN	Contamination prevented during food preparation, storage & display			51	IN	Toilet facilities: properly constructed, supplied, & cleaned		
38	IN	Personal cleanliness			52	IN	Garbage & refuse properly disposed; facilities maintained		
39	X	Wiping cloths: properly used & stored		X	53	X	Physical facilities installed, maintained, & clean		
40	IN	Washing fruits & vegetables			54	X	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature)

Date: 5/14/2014

Health Inspector (Signature)

Follow-up: ☐ YES ☒ NO Date of Follow-up:

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## Temperature Observations

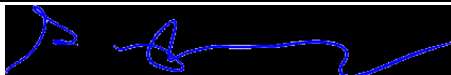
Location	Temperature	Notes
salmon	41	
walk-i n cooler	38	
beer cooler	38	
hot water	145	too hot please adjust

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Date 5/14/2014

License Expiry Date/EST. ID#  
5/17/2014 / 8413

Address  
703 SABATTUS ST

City / State  
LEWISTON

ME

Zip Code  
04240-3833

## Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code

8: 6-301.14: N: Hand wash signage not provided for employee hand sink or lavatory.

INSPECTOR NOTES: needed all handsinks

13: 3-302.11.(A).(1).(A): N: Raw Ready-to-Eat food not protected from cross contamination from raw animal foods during storage, preparation, holding, or display.

INSPECTOR NOTES: raw meat stored above raw vegetables corrected on site

14: 4-601.11.(A): C: Equipment food-contact surfaces and utensils are not clean to sight and touch.

INSPECTOR NOTES: clean ice machine

26: 7-201.11: C: Improper storage of poisonous or toxic materials.

INSPECTOR NOTES: under arm deoderant stored with food products corrected on site

39: 4-101.16: N: Unacceptable use of sponges.

INSPECTOR NOTES: sponges not allowed corrected on site

41: 3-304.12: N: Improper between-use storage of in-use utensils.

INSPECTOR NOTES: keep in-use utensils(for rice etc) in crockpot maintain above 135 ---need scoops with handles

45: 4-202.15: N: Can openers improperly designed and constructed.

INSPECTOR NOTES: clean can opener

47: 4-602.13: N: Non-food contact surfaces are not cleaned at a frequency necessary to preclude accumulation of soil residues.

INSPECTOR NOTES: clean door seals-clean all freezers

53: 6-201.11: N: Floors, walls, and ceilings are not smooth and easily cleanable.

INSPECTOR NOTES: replace cracked or missing floor tiles

53: 6-201.13.(A): N: Floor and wall junctures are not enclosed and sealed.

INSPECTOR NOTES: install cove base where needed

53: 6-501.12: N: The physical facilities are not clean.

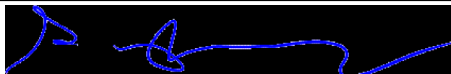
INSPECTOR NOTES: clean walls and floors

Person in Charge (Signature)



Date: 5/14/2014

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54: 6-501.14.(A): N: Ventilation not clean.

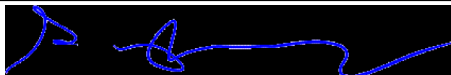
INSPECTOR NOTES: have fire suppressant system cleaned

Person in Charge (Signature)



Date: 5/14/2014

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## Inspection Notes

### Certified Food Protection Manager

- Unless directed otherwise, effective January 18, 2012 establishments have to have a Certified Food Protection Manager (CFPM) at each establishment per 10-144 CMR, Chapter 201, Section 2.
- A CFPM must be hired within 90 days of a new establishment opening or when the only CFPM leaves the employment of the establishment.
- For a list of CFPM courses and trainers go to: [www.maine.gov/healthinspection/training.htm](http://www.maine.gov/healthinspection/training.htm)
- Upon completion of the CFPM course, please fax cover sheet and course certificate to (207) 287-3165. On the cover letter please send to the attention of Carol Gott and include your establishment name and establishment license number. Her phone number is 287-5675. You can also mail a copy, with establishment ID number, to her at 286 Water St, 3rd Floor, 11 State House Station, Augusta, ME 04333-0011.

### Violation Correction Time Frame

- Critical Violations should be corrected on site, but, in any event, within 10 days. The licensee must contact the inspector when the critical violation has been addressed. Please send an e-mail to [sreny@lewistonmaine.gov or call Susan Reny at 513-3125 etx 3224].
- Non-critical violations must be corrected no later than 90 calendar days after the inspection. The Department may approve a compliance schedule that extends beyond the time limits if a written schedule of compliance is submitted by the Permit Holder and no health hazard exists or will result from allowing an extended schedule for compliance.
- Failure to satisfactorily correct these violations before the follow-up inspection may result in enforcement proceedings by the Department, which are outlined in Sections 7, 8, and 9 of 10-144 CMR Chapter 201 available at: [www.maine.gov/dhhs/eng/el/rules.htm](http://www.maine.gov/dhhs/eng/el/rules.htm)

### Documentation Retention

- A copy of the most recent inspection report must be maintained at the establishment and be made available to the public upon request.
- A copy of all CFPM certificates must be maintained at the establishment.
- The establishment's current license must be displayed.

Jennifer Jiapong is a CFPM exp 4/22/2014--CERT# 9955755

Person in Charge (Signature)



Date: 5/14/2014

Health Inspector (Signature)

